



DEPARTMENT OF THE NAVY  
BOARD FOR CORRECTION OF NAVAL RECORDS  
2 NAVY ANNEX  
WASHINGTON, D.C. 20370-5100

JRE  
Docket No: 7432-99  
15 December 2000

[REDACTED]

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 7 December 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by designees of the Specialty Leader for Psychiatry dated 26 June 2000, and the Specialty Leader for Urology dated 16 October 2000, the the information you submitted in rebuttal thereto. A copy of each opinion of which is attached.

After careful consideration of your application, the Board concluded that your application was not timely filed, and that it would not be in the interest of justice to excuse your failure to submit your application in a timely manner. It concluded that you were aware of the alleged error or injustice in your record in 1987, when you were discharged from the Navy. It noted that the successful resolution of a claim submitted to the Department of Veterans Affairs is not a prerequisite to filing an applicaiton for correction of a naval record. In additon to the foregoing, the Board concluded that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, it substantially concurred with the comments contained in the advisory opinion.

You may request reconsideration of this decision. Your request must include newly discovered relevant evidence which was not reasonably available to you when you submitted your application. The evidence may pertain to the timeliness of your application or to its merits. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Absent such additional evidence, further review of your

application is not possible.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board.

Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER  
Executive Director

Enclosure

National Naval Medical Center  
Urology Services  
8901 Wisconsin Avenue  
Bethesda, MD 20889-5000

2600  
16 October 2000

From: CAPT. Mary M. Haluszka, MC, USN, Specialty Leader for Urology  
To: Chairman, Board for Correction of Naval Records

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE CASE OF  
FORMER [REDACTED]

1. I have thoroughly reviewed the three enclosures. Enuresis is incompatible with service in the US Navy. He should have been administratively discharged at the time of diagnosis at Boot Camp in 1985 at the initial evaluation.
2. He was correctly found unfit for duty on 11 February 1987 and discharged for the condition of enuresis. There is no evidence in the record he has or had a neurogenic bladder.
3. I recommend his records remain as they are.

*Mary Melanie Haluszka*  
MARY MELANIE HALUSZKA

OCT 18 2000

DEPARTMENT OF PSYCHIATRY  
NAVAL MEDICAL CENTER  
PORTSMOUTH, VIRGINIA 23708-2197

6520  
0506: SLB-2621  
26 June 00

From: Case Reviewers  
To: Chairman, Board for Correction of Naval Records,  
Department of the Navy, Washington DC 20370-5100

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE  
CASE OF FORMER [REDACTED]

Ref: (a) Your ltr dtd 19 May 00, #7432-99

Encl: (1) BCNR File  
(2) Service Record  
(3) VA Records/Medical Records  
(4) Microfiche Record

1. Pursuant to reference (a) a review of enclosures (1) through (4) was conducted to form opinions about subject petitioner's claim that his DD214 should be changed to indicate he was medically disabled at the time of discharge.

2. Facts of the case:

a. ATAN enlisted 13May85 with no psychiatric or urological problems noted on his enlistment physical or report of medical history.

b. On 01 Oct 1985 [REDACTED] reported to medical where a history of two episodes of enuresis during boot camp (10 weeks prior) was noted as well as two episodes of enuresis in the prior two weeks. He denied personal problems other than that associated with his current school where he was "barely getting by." [REDACTED] suggested that his enuresis was "due to stress." The plan at that time (after consulting with Urology specialist on the phone) was to obtain a psychiatric evaluation and if stress was doubted as an etiology a urological workup would be obtained.

c. [REDACTED] was given a former psychiatric evaluation on 05 Oct 1985 where "no significant psychiatric illness" was noted although the patient was described as "an anxious, high-strung warrior who was fearful of failure." The formal diagnosis was "enuresis, DSM-IV 307.60" and a recommendation of

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administrative separation was suggested "if the condition continued."

d. Criteria for enuresis from DSM-IV includes either:

It occurs at least twice a week for at least three consecutive weeks or

It causes clinically important distress or impairs work, social, or social functioning.

e. Criteria for enuresis for DSM-IV specifies that this behavior is not directly caused by a general medical condition or by the use of a substance.

f. [REDACTED] was evaluated by a urological specialist 17 October 1985 where a urological workup was begun including blood tests, an intravenous pyelogram, and voiding cysto urethrogram.

g. On 07 November 1985, Urology, after reviewing the results of tests, concluded that the patient's enuresis was "not due to renal, bladder, or urethral abnormalities."

h. [REDACTED] was initially treated by Urology symptomatically with Tofranil with good results as noted in his 05 December 1985 medical record entry.

i. On 22 April 1986 [REDACTED] was restarted on Tofranil as his condition had returned after stopping his medication.

j. On 28 September 1986 [REDACTED] was referred back to sickcall for enuresis where cultures of his urine were obtained.

k. On 05 October 1986 [REDACTED] was started on oral antibiotics for a probable urinary track infection with resolution of his enuresis.

l. [REDACTED] returned to sick call on 21 December 1986 with urinary frequency, urgency, and recurrent enuresis.

m. On 01 January 1987 [REDACTED] squadron flight surgeon reviewed his complete medical history since enlistment. Based on recurrent enuresis episodes, a psychiatric evaluation diagnosing enuresis, a normal urological workup, and poor patient compliance (e.g. "hid his condition on ship," "stopped his medication and didn't follow-up as instructed") the physician recommended an administrative separation.

n. On his discharge physical examination [REDACTED] reported "problems sleeping, depression, loss of memory." These conditions were evaluated by his examining physician as

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"situational depression secondary to separation, not severe or major episode."

o. [REDACTED] was administratively separated on 13 February 1987 for enuresis.

p. [REDACTED] on 19 July 1988 received a VA rating of 10% for "adjustment disorder due to enuresis with anxiety."

q. [REDACTED] VA rating was established 07 July 1990 as 40% for "chronic cystitis and prostatic urethetis" as well as a 100% VA rating for "dysthymia, major depression, and undifferentiated somatoform disorder."

r. On 04 February 1997 [REDACTED] VA rating was established as 60% for a "neurogenic bladder of an organic nature which is independent of any mental condition."

s. On 05 November 1999 [REDACTED] requested a change to his DD 214 as he had a "true medical condition for his discharge and the Navy reportedly did not do a full medical evaluation."

3. The following opinions are submitted:

a. The patient was never diagnosed or treated for a clinically significant mental illness or personality disorder while on active duty.

b. [REDACTED] enuresis, regardless of etiology, caused significant work impairment while on active duty.


c. [REDACTED] was adequately evaluated while on active duty by urological specialist on numerous occasions for his enuresis with no medical condition discovered as a basis for the behavior.


d. Since separation from the service, [REDACTED] has been evaluated and treated by VA physicians who eventually diagnosed his condition as a neurogenic bladder in 1997 - 10 years after his discharge.

4. Conclusion: It is the reviewer's opinion that [REDACTED] diagnosis of enuresis and subsequent administrative discharge was appropriate as his condition was causing work impairment and the behavior was not directly caused by a general medical condition which was evident at the time of discharge. It is beyond the reviewer's clinical expertise to offer an opinion concerning the possibility that his enuresis at the time of discharge was the result of a general medical condition (i.e. neurogenic bladder) which was present at the time of discharge,

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not evident on standard urological tests conducted at the time,  
and which was subsequently diagnosed 10 years after separation.  
It is recommended that prior to final resolution of this case  
that it be referred to Urology for comment concerning this  
possibility.

  
M. D. ALMOND (P)  
CAPT MC USN

  
S. F. AZNAR (P)  
CDR MC USN